

U.S. Department of Justice
United States Marshals Service

Case 1:04-cr-10194-RCL Document 303 Filed 06/21/2006 Page 1 of 1

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER No. 04-10194-RCL	
DEFENDANT ANTHONY BUCCI		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Robert L. Sheketoff, Esquire		
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) One McKinley Square, Boston, MA 02119		
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	RECEIVED U.S. MARSHALS SERVICE BOSTON, MA JUN 21 12:18 PM U.S. DISTRICT COURT DISTRICT OF MASS.
Kristinia E. Barclay, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number of parties to be served in this case	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Telephone Numbers, and Estimated Times Available For Service)			
Please served the attached Preliminary Order of Forfeiture upon the above-referenced individual by certified mail, return receipt requested. 04-262-437257-437446 KAB x.3294			
Signature of Attorney or other Originator requesting service on behalf of:		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100
DATE May 30, 2006			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. 38	District to Serve No. 38
Signature of Authorized USMS Deputy or Clerk Mary J. May		Date 6/8/06	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).			
Name and title of individual served (If not shown above).		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)		Date of Service 6/15/06	Time am pm
Signature of U.S. Marshal or Deputy Mary J. May			
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
Advance Deposits	Amount Owed to US Marshal or	Amount or Refund	
REMARKS: 6/8/06 certified: 7002 0510 0004 3546 1158 6/2/06 Date of Delivery			
PRIOR EDITIONS MAY BE USED			
1. CLERK OF THE COURT			
FORM USM 285 (Rev. 12/15/80)			
<input type="checkbox"/> USMS RECORD <input type="checkbox"/> NOTICE OF SERVICE <input type="checkbox"/> BILLING STATEMENT <input type="checkbox"/> ACKNOWLEDGMENT OF RECEIPT			